

FILED APR 6 1942

Registration District No. 2711

Primary Registration District No. 2002

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 30th & Jackson
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 30th & Jackson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Hattie May Ebbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Ebbs 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 14, 1887

8. AGE: Years 54 Months 6 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Lamar Missouri

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Bresse

13. Birthplace Iowa

14. Maiden name Jennie Weaver

15. Birthplace Virginia

16. (a) Informant Fred Ebbs

(b) Address 30th & Jackson, Joplin, Mo.

17. (a) Burial (b) Date thereof 3-10-42

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 3-9-42 (b) Gutierrez

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1942 hour 4:15 minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 23 1942 to Mar 8 1942 that I last saw him alive on Mar 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 week
Due to Hypertension 2 yrs.

Other conditions 83a

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature [Signature] (M. P. or other) DO
Address Joplin Mo Date signed 3-4-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

049
2
5

42-4-226

APR 6 1942
APR 23 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.